

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/049874</div>	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		0		/			54						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/				TOTAL IND.						
TOTAL DEP.	/2		9				TOTAL DEP.						
TOTAL CLAIMS	/3		10				TOTAL CLAIMS						